MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04107

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D. Friendsville
LENGTH OF STAY (In this place) 75 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D. Friendsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FREEMAN (Middle) DORSEY (Last) DEWITT

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-18-1855

9. AGE last birthday: 94-6-3 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Garrett County Md.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Joseph Dewitt

14. MOTHER'S MAIDEN NAME: Julia Ann Robison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: John Milton DeWitt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 93d

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1947, to April 17, 1950, that I last saw the deceased alive on April 17, 1950, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton Jeffers, MD — ADDRESS Friendsville, Md. — DATE SIGNED April 22, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 4-24-1950 — NAME OF CEMETERY OR CREMATORY Hoys — LOCATION (City, town, or county) R.D. Accident (State) Md

DATE REC'D BY LOCAL REG. April 22/50 — REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm. Winebrenner — ADDRESS Grantsville Md

000 W

VS. A15

RECEIVED
APR 25 1950
BUREAU V

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04108

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SWANTON
LENGTH OF STAY (In this place) 6 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SWANTON
STREET ADDRESS (If rural, give location) RFD #1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ELIZEBETH JANE FAZENBAKER

4. DATE OF DEATH (Month) (Day) (Year): APR 17 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) WIDOWED

8. DATE OF BIRTH: SEPT 18, 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: GENERAL HOUSEWORK AT HOME

11. BIRTHPLACE (State or foreign country): SHELL, W. VA.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: JOHN ~~FAET~~ MURPHY

14. MOTHER'S MAIDEN NAME: PHOEBE ANN OHAVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS VIOLET UBER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis and Myocardial Degeneration Not Specified as Rheumatic — INTERVAL BETWEEN ONSET AND DEATH: 4 Years

4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis with suppression of urine. — 1 Month

131 b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1950, to Apr. 17, 1950, that I last saw the deceased alive on Mar. 26, 1950, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE: Paul R. Wilson (Degree or title) M.D. ADDRESS: Piedmont, W.Va. DATE SIGNED: April 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: APR 20, 1950

NAME OF CEMETERY OR CREMATORY: MURPHY CEMETERY

LOCATION (City, town, or county) (State): SWANTON RD #2 MD

DATE REC'D BY LOCAL REG.: April 15-50

REGISTRAR'S SIGNATURE: Doney Pattison

24. FUNERAL DIRECTOR: Wm Winterberg ADDRESS: GRANTSVILLE, MD

RECEIVED
JAN 19 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04109

Reg. Dist. No. 161

1. PLACE OF DEATH
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRIENDSVILLE, RURAL
LENGTH OF STAY (in this place) Apprx 50 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRIENDSVILLE RURAL
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) HANNAH (Middle) ELIZABETH (Last) FRAZEE

4. DATE OF DEATH (Month) APR. (Day) 4 (Year) 1950

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH MAY 4 1876

9. AGE last birthday 73 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING

11. BIRTHPLACE (State or foreign country) GARRETT Co. MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME EZRA B. HOOK

14. MOTHER'S MAIDEN NAME SARAH ELLEN SISLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Dock Frazee Friendsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

480X Immediate cause (a) Broncho Pneumonia — Interval Between Onset and Death ?

330 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) La Grippe - Senility — 5 wks

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar- 1-, 19 50, to Apr- 4-, 19 50, that I last saw the deceased alive on Mar- 1-, 19 50 and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. B. Messmore - M.D. Addison - Pa 4-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF April 7 1950 | NAME OF CEMETERY OR CREMATORY Blooming Rose Cemetery | LOCATION (City, town, or county) (State) Friendsville (R.D.) MD.

DATE REC'D BY LOCAL REG. April 7. 1950 | REGISTRAR'S SIGNATURE Kathryn Fike.

24. FUNERAL DIRECTOR ADDRESS W. H. Rodaheaver - Markleysburg, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1950
U.S. PATENT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04110

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gorman | LENGTH OF STAY (in this place) 74 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gorman
STREET ADDRESS (If rural, give location) Mi. No. Gorman, Md.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Aronhalt (Last) Harvey
4. DATE OF DEATH: (Month) April (Day) 6, (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 4, 1876
9. AGE last birthday: 73 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Elisha Aronhalt
14. MOTHER'S MAIDEN NAME: Rachel Harvey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT AND ADDRESS: Warren Harvey - Gormania, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure

422.2 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 4, 1950, to Apr. 6, 1950, that I last saw the deceased alive on Apr. 6, 1950, and that death occurred at 11:10P m., from the causes and on the date stated above.

SIGNATURE E. D. Baumgartner (Degree or title) M.D. ADDRESS Oakland Md. DATE SIGNED Apr. 7-1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 4/9/50 | NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | LOCATION (City, town, or county) (State) Garrett Co., Md.

DATE REC'D BY LOCAL REG. 4-9-50 | REGISTRAR'S SIGNATURE Elmer C. Shaffer | 24. FUNERAL DIRECTOR Herbert C. Leighton | ADDRESS Oakland, Md.

RECEIVED
APR 18 1950
BUREAU V. S.

04111

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) — (Last) House

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Aug-13-1885

9. AGE last birthday: 65 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: House Keeping

11. BIRTHPLACE (State or foreign country): Accident Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Durst

14. MOTHER'S MAIDEN NAME: Margaret Detrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Bessie Guard - Friendsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemiplegia (L) — 2 wks

334x

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

83d

(b) Arteria Sclerosis - Uremia

(c) Hypotension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar-21-, 1950, to Apr-5-, 1950 that I last saw the deceased alive on Apr-4-, 1950, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE: H. B. Messmore M.D. (Degree or title) ADDRESS: Addison-Pa DATE SIGNED: 4-5-50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: 4/7/1950 — NAME OF CEMETERY OR CREMATORY: Accident Cemetery — LOCATION (City, town, or county): Accident (State): Md.

DATE REC'D BY LOCAL REG.: 4-7-50 — REGISTRAR'S SIGNATURE: Mrs. Kathryn Fike

24. FUNERAL DIRECTOR: Emsley D. Bolden, Oakland, Md. — ADDRESS

J. Rowan issued permit

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU U. S.
JUN 18 1950

04112

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

B City Reg. Dist. No. 161

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1720 Linden Avenue

3. NAME OF DECEASED (Type or Print) (First) Merle (Middle) Elwood (Last) Nedrow
4. DATE OF DEATH (Month) 4 (Day) 20 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 5/17/49
9. AGE last birthday yrs. If under 1 year Months 11 Days 3 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland — Balto City
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Merle Elwood Nedrow
14. MOTHER'S MAIDEN NAME Janice Reaser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Charles Nedrow

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning

929.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Contents pail inspired

183 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home (CITY OR TOWN) Friendsville (COUNTY) Garrett (STATE) MD
TIME OF INJURY (Month) (Day) (Year) (Hour) April 20-1950 3P m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Child fell into slop bucket

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. J. Baumgartner (Degree or title) MD ADDRESS Oakland MD DATE SIGNED Apr. 20-1950

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF 4/22/50
NAME OF CEMETERY OR CREMATORY Addison Cemetery
LOCATION (City, town, or county) Addison (State) Pa.
DATE REC'D BY LOCAL REG. April 21, 1950
REGISTRAR'S SIGNATURE Kathryn Fike
24. FUNERAL DIRECTOR ADDRESS

W. W. Savage

2-0-5-17-9-26-R-40-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

#10220

RECEIVED
AUG 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04113

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Deer Park, Md.
STREET ADDRESS (If rural, give location) Eagle Rock

3. NAME OF DECEASED (Type or Print) (First) Phillip (Middle) George (Last) Ray
4. DATE OF DEATH (Month) 4 (Day) 20 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9/14/1920
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Strip Coal
11. BIRTHPLACE (State or foreign country) Gleason, West Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Norman Ray.
14. MOTHER'S MAIDEN NAME Ada Ann Iman.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W. 2
16. SOCIAL SECURITY No. 213-24-7411
17. INFORMANT Mrs. ada A. Ray, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lacerations skull & brain tissue —

982.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) result of being hit by axe

167 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY house (CITY OR TOWN) Deer Park (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) April 20 1950 2 p m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Homicide by striking with axe

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M D ADDRESS Oakland Md DATE SIGNED Apr 22-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/23/1950
NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
LOCATION (City, town, or county) (State) Elk Garden, W. Va.
DATE REC'D BY LOCAL REG. 4-23/50
REGISTRAR'S SIGNATURE Julia A. Lawson
24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md.

45402

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Head cut thru to brain
throat slashed thru
Shoulder cut

RECEIVED
APR 25 1950
BUREAU V. B.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04114

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harold (Middle) Edwin (Last) Ream

4. DATE OF DEATH (Month) 4 (Day) 13 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 4/19/1907

9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Coal Operator

11. BIRTHPLACE (State or foreign country) Crellin, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Ream.

14. MOTHER'S MAIDEN NAME Ida Lee.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Harold Ream, Mt. Lake Park, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
822.5 Immediate cause	(a) Freezing from Exposure	6 hr
170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture Base of Skull	6 hr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) County Road

(CITY OR TOWN) Near Loch Lynn Heights (COUNTY) Garrett (STATE) Md

TIME OF INJURY (Month) Apr. (Day) 13 (Year) 1950 (Hour) 15 A.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Car turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. L. Baumgartner (Degree or title) MD ADDRESS Oakland Md DATE SIGNED Apr 14-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/16/1950

NAME OF CEMETERY OR CREMATORY Oakland Cemetery

LOCATION (City, town, or county) Oakland, Md. (State)

DATE REC'D BY LOCAL REG. 4-16-1950

REGISTRAR'S SIGNATURE Julia A Rowan

24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md.

454V2

VS. A15A

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T

RECEIVED
APR 25 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04115

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Accident
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Accident
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Otillie (Middle) - (Last) Reichenbacher

4. DATE OF DEATH (Month) April (Day) 14 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 10-29-1863

9. AGE last birthday 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10b. KIND OF BUSINESS OR INDUSTRY Farming&Owner

11. BIRTHPLACE (State or foreign country) Rural Near Accident Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Conrod Hanft

14. MOTHER'S MAIDEN NAME Margarette Hetz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Albert Reichenbacher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 6 days

830 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apl 9, 1950, to Apl 14, 1950, that I last saw the deceased alive on Apl 12, 1950, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

N. R. Davis M. D. | Grantsville Md | Apl 15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 4-17-1950 | NAME OF CEMETERY OR CREMATORY Cove | LOCATION (City, town, or county) R.D. Accident (State) Md

DATE REC'D BY LOCAL REG. April 15/50 | REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winebrenner | ADDRESS Grantsville Md

BUREAU U. S.
APR 18 1950

04116

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park
STREET ADDRESS (If rural, give location) 5 Mi. So. Deer Park, Md.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Benjamine (Last) Shockey

4. DATE OF DEATH (Month) April (Day) 10, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3/15/1870
9. AGE last birthday 80 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Henry Shockey
14. MOTHER'S MAIDEN NAME Nancy M. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT AND ADDRESS Mrs. Clara C. Shockey - Deer Park, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Dehydration, Malnutrition	10 days
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sclerotic Heart Disease	10 yrs
	(c) Hypertension	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 1949, to 4-10, 1950, that I last saw the deceased alive on 3-22, 1950, and that death occurred at 4:15 A. m., from the causes and on the date stated above.

SIGNATURE James H. Feaster, Jr. (Degree or title) M.D. ADDRESS Oakland, Md DATE SIGNED 4-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/12/1950
NAME OF CEMETERY OR CREMATORY White Church Cemetery
LOCATION (City, town, or county) (State) Garrett Co., Md.

DATE REC'D BY LOCAL REG. 4-12-1950
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

BUREAU V. S.
APR 18 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

n4117

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

1. PLACE OF DEATH:
County Garrett Maryland
City or town Friendsville Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? .....
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Friendsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. .....
(If rural, give LOCATION)
2.(a) If veteran, name war .....

3. (a) FULL NAME Mary Sliger

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife .....
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 15 1873

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
77	1	8		

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Retired. House work
11. Industry or business

FATHER
12. Name Calvin N. Shields
13. Birthplace Maryland

MOTHER
14. Maiden name Susanna Tiels
15. Birthplace Maryland

16. Informant Martha Tiels
Address Friendsville

17. (Burial, cremation, or removal. Which?) Date thereof Apr 26 1950 (month) (day) (year)
Cemetery or crematory Steel Cemetery
Location .....

18. Funeral director Ets Harned
Address Brandonville W Va

19. April 26 1950 (Date rec'd by registrar) Kathryn Fike Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1950, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 11 1950, to Apr 23 1950
and that I last saw her alive on Apr 11 1950

Immediate cause of death	DURATION
Chr. Myocarditis - Edema	7
Due to	
Chr Rheumatism	9
Due to	
Other conditions	

4212
93d
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE H. B. Messmore M. D.
M. D. or other
Address Addison - Pa Date signed 4-24-50

RECEIVED
APR 28 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04118

Reg. Dist. No. 766

1. PLACE OF DEATH: COUNTY Garrett, Deer Park MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Shirley	(Middle) Kay	(Last) Smith.	4. DATE OF DEATH	(Month) 4 (Day) 28, (Year) 1950
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 4/14/1950	9. AGE last birthday 2 weeks	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Dear Park, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Troy Smith		14. MOTHER'S MAIDEN NAME Minnie Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Troy Smith, Deer Park, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature Birth, ~~8~~ 7 1/2 Month

774

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Double Hair Lip, Cleft Palate left side.

159

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature]

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 4/29/1950	NAME OF CEMETERY OR CREMATORY Ferndale Cemetery	LOCATION (City, town, or county) (State) Deer Park, Md.
DATE REC'D BY LOCAL REG. 4/29/50	REGISTRAR'S SIGNATURE Julia A. Rowan	24. FUNERAL DIRECTOR Emroy D. Bolden	ADDRESS Oakland, Md.

1-0-14-14-0-28-7-33-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
MAY 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04119

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
LENGTH OF STAY (in this place) 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident RD #2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) EDWARD (Last) SMITH
4. DATE OF DEATH (Month) Apr. (Day) 18 (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 11, 1909
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY disabled veteran
11. BIRTHPLACE (State or foreign country) Unamas, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Smith WW 2
14. MOTHER'S MAIDEN NAME Minnie Turney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO. 169-10-0994
17. INFORMANT Mrs Wilma Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured Cervical Vertebrae	Instant
823.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
170c	(c) Fracture right mandible	Instant

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY U.S. Route 40 near (CITY OR TOWN) Grantsville (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Apr. 18-50 11 P m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Car ran off road & turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. I. Baumgartner M.D. (Degree or title) ADDRESS Oakland Md DATE SIGNED 4/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr. 22, 1950
NAME OF CEMETERY OR CREMATORY Cove Cemetery
LOCATION (City, town, or county) (State) Accident, Garrett Co., Md.

DATE REC'D BY LOCAL REG. April 21/50
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Alton Winterberg ADDRESS Grantsville, Md

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04120

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md. LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md.
STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print) (First) CECIL (Middle) WILLIAM (Last) STANTON

4. DATE OF DEATH (Month) April (Day) 4 (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH May 17, 1914

9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter - Unemployed.

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Grantsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME C Earl Stanton

14. MOTHER'S MAIDEN NAME Malonda Orndorf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-03-8558

17. INFORMANT Iva Stanton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Suicide by hanging	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured Cervical Vertebra	
	(c)	

974

164a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Garage (CITY OR TOWN) Grantsville (COUNTY) Garrett (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 4 1950 7 m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Suicide by hanging

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE E. I. Baumgartner M.D. (Degree or title) ADDRESS Oakland Md DATE SIGNED Apr. 4-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 7, 1950

NAME OF CEMETERY OR CREMATORY Grantsville

LOCATION (City, town, or county) (State) Grantsville, Garrett, Md.

DATE REC'D BY LOCAL REG. April 5, 1950

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville, Md.

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 7 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

045 76

Reg. Dist. No. 166

1. PLACE OF DEATH
COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beyond-- Accident. [illegible], Md.
LENGTH OF STAY (In this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lois (Middle) Jeane Metheney (Last) Thayer

4. DATE OF DEATH (Month) April (Day) 18, (Year) 1950

5. SEX Female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH 10-4-1922 | 9. AGE last birthday 27 yrs. | If under 1 year Months 6 Days 14 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of wnrk done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Terra Alta. Preston Co. W.VA. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Troy Metheny | 14. MOTHER'S MAIDEN NAME Sue Trickett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT Percy Thayer, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture Basilar Portion of Skull — Interval Between Onset and Death: 1hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Cervical Vertebrae — 1hr

(c)

816.5 170C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing tn the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY State Road | (CITY OR TOWN) New Kuypers Ridge | (COUNTY) Garrett | (STATE) Md

TIME (Month) April (Day) 18 (Year) 1950 (Hour) 2 P m. OF INJURY | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Collision automobile on Truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. L. Baumgartner (Degree or title) MD ADDRESS Oakland Md DATE SIGNED Apr. 21-1950

23. BURIAL, CREMATION, REMOVAL (Specify) Interment | DATE THEREOF 4-21-1950 | NAME OF CEMETERY OR CREMATORY Terra Alta. Cemetery | LOCATION (City, town, or county) Terra Alta. W.VA. (State)

DATE REC'D BY LOCAL REG. 4-21-1950 | REGISTRAR'S SIGNATURE Julia L. Rowan. | 24. FUNERAL DIRECTOR C. F. Collins ADDRESS Terra Alta

H. Co.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04121

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park
LENGTH OF STAY (in this place) 76 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park
STREET ADDRESS (If rural, give locatioo) 6 Mi. So. Deer Park, Md.

3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) Catherine (Last) Walter

4. DATE OF DEATH (Mooth) April (Day) 23, (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 7/7/1873

9. AGE last birthday 76 yrs. If under 1 year Mooths. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kiod of work done during most of working life, even if retired) House Keeping

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Henry Walter

14. MOTHER'S MAIDEN NAME Margaret White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No. ------

17. INFORMANT AND ADDRESS George Walter Deer Park, Md. R. D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho Pneumonia — Interval Between Onset and Death: 10 days

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions cootributing to the deatb but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apl 19, 1950, to Apl 22, 1950, that I last saw the deceased alive on Apl 22, 1950, and that death occurred at 12:30A. m., from the causes and on the date stated above.

SIGNATURE E. L. Baumgartner (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 4/24/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 4/25/50 NAME OF CEMETERY OR CREMATORY White Church Cemetery LOCATION (City, or couoty) (State) Garrett Co., Md.

DATE REC'D BY LOCAL REG. 4/25/50 REGISTRAR'S SIGNATURE Julia Mowan

24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

RECEIVED
MAY 3 1950
BUREAU